seven and fourteen years. They were anæmic and debilitated. The remedies he found most successful were copaiba, laudanum, and protoxide of iron, made into pills, in the proportion of three parts by weight of the former to six of the latter. Of this mass one pill, weighing from two to three grains, was taken at each meal; and after two or three days an additional one, until the patient came to take ten daily. He found with Trousseau, that iron, particularly in the case of children, deranges the stomach less when taken after than before meals. Along with these *pilulæ balsamica*, an infusion of the *Folia Juglandis* was ordered as a common drink.*—*Battersby's Report* in *Dublin Quarterly Journal Med. Sc.*, May, 1846.

41. *Pathological Observations on Tubercular Meningitis.* By Dr. HAMERNJK.—Meningeal tubercles are most frequently observed in the meshes of the pia mater, at or near the base of the brain. They are seldom seen to occupy the convexities of the hemispheres. They present themselves in the first instance as small transparent granulations, which eventually become opaque and yellow. As a general rule, meningeal tubercle is a secondary affection, being seldom observed unaccompanied by tubercular deposition in other organs. It is an extraordinary fact, however, that it is rarely seen in conjunction with pulmonary tubercle.

The disease occurs chiefly in children, but may show itself at any period of life. The following are the principal symptoms in the former class of patients:—Pain in the head, fever, vomiting, delirium, painful contractions of the cervical muscles, with contracted and subsequently dilated pupils. There is considerable tension of the abdominal parietes, more particularly in the region of the spleen; the bowels are costive, the pulse is at first slow, but afterwards quick and variable in force. The external appearance of the patient bespeaks the presence of the tubercular diathesis.

The headache, which is principally confined to the forehead. is one of the most constant symptoms, frequently preceding the appearance of the other symptoms by many days, or even weeks. It is sometimes so intense as to render the patient insensible. This pain is not believed by the author to be caused by the presence of tubercular matter itself, but by the hyperæmia and albuminous exudation, which it produces by irritation of the meningeal tissues. The pain is soon followed by fever, either continuous, or, as is frequently the case, of a remittent type. The obstinate vomiting which is sometimes observed is accounted for by the author on the supposition that the origin of the nervi vagi are compressed or irritated by the products of the meningeal inflammation. The delirium is moderate at the commencement of the disease, but increases as it progresses, until it is replaced by coma. The painful contractions of the cervical muscles is a constant and very characteristic symptom, and is no doubt to be attributed to the irritation of the nerves at the base of the brain. In order to ascertain the presence of this symptom, the author recommends that the patient's head should be moved from side to side, watching at the same time the expression of his countenance. In some instances the spasmodic contractions extend to various parts of the trunk, giving rise to tetanic or epileptic convulsions.

In the commencement of the disease the countenance is suffused, the eyes injected and acutely sensible to light, and the pupil is contracted. As the disease progresses, the pupil becomes dilated, and vision is frequently entirely abolished. The coma, which in most cases closes the scene, appears with different degrees of intensity; it may be intermittent in the first instance, and alternate with delirium; but it becomes permanent previous to death.

The tuberculous affection of the cerebral membranes has several distinct periods of development. It first appears as transparent granulations in the meshes of the pia mater, which afterwards become yellow. In this condition they do not give rise to any pathognomonic symptoms; sooner or later, however, a fresh deposition of granulation takes place, and extends to the space in which the cerebral nerves take their origin. The interior of the ventricles likewise becomes affected by contiguity, and the hydrocephalic action thereby established induces a disturbance of the cerebral functions, with serous infiltration and softening of the central parts. As long as the ventricles remain intact, the tubercular affection may remain inactive, and if tuberculization of other organs does not ensue, he may entirely recover.

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* Journal für Kinderkrankheiten, Dec., 1845.

The author considers that it is very difficult, or almost impossible, to distinguish the two first periods of tubercular meningitis (viz., the period of tubercular deposition and that of inflammation) during life; but the last, or hydrocephalic, stage is more readily recognized. When this latter condition occurs we have a loss of sensation and motion in the limbs, blindness, with an apparent projection of the eyeballs, and more or less complete stupor. As long as these symptoms are absent there is no cause for despair; even coma is not necessarily a fatal symptom, as it may occur independently of effusion.

It is of great importance to watch for the first apearance of tubercular meningitis. When a child, which has for some time appeared to lose flesh, and especially if he have previously had scrofulous enlargement of the glands; becomes the subject of pains in the head, we must be on our guard; but other symptoms portend the appearance of tubercular meningitis; in the case of robust children, headache is not of so serious import, as in them it may arise from many other causes. Convulsions, tossing of the hand above the head, and screaming are not specially connected with the tubercular affection, as any kind of exudation at the base of the brain may give rise to the same symptoms; but it is to be remembered, that in nineteen out of twenty cases deposition in this spot is of a tuberculous nature. —*Ranking's Abstract*, Vol. III., from *Prag. Viertel Jahr.* II. 2. *Schmidt's Jahrbucher*, 46 Bd., Heft 3, 1845.

42. *Injections of Quassia to remove Intestinal Worms.*—Dr. Schultz speaks in praise of quassia amara used in the form of injection, for removing ascarides from the intestines, when their presence causes violent pruritus ani. He prepares each injection with four drachms of the quassia, to about four ounces of fluid, and he states that such a solution will invariably procure the expulsion of a large quantity of these entozoa.—*Gaz. des Hopitaux*, 26th Sept. 1846.

SURGICAL PATHOLOGY AND THERAPEUTICS AND OPERATIVE SURGERY.

43. *Treatment of Varicose Veins, (London Med. Gaz.*, Aug. 1846.)—F. C. Skey, Esq., Assistant Surgeon of St. Batholomew's Hospital, recommends as the most successful method of treating varicose veins, the entire obliteration of the trunks and many of the branches of the saphena veins, both major and minor, by very small caustic issues applied to the projecting veins, however large or numerous they may be. So far as his observation goes, no other plan can be relied on as permanent and entire in its effects; for however absolute may be the destruction of the vein or veins, subjected to ligature, pressure, or division, whichever be the mode adopted, the treatment, where the disease is extensive over the limb, is too limited entirely to remove it. Other veins enlarge, the disease returns, and at the expiration of one or more years the amount of benefit obtained is found incommensurate with the confinement and suffering entailed by the operation. Moreover, past experience points to occasional results of the most serious kind, among which death itself has had its portion.

By the method which Mr. Skey proposes, he says, first, that the function of the vein on which the issue is made is from that hour suspended; and second, that the operation of the issue so applied is unattended with danger of any kind. "The operation," he adds, "appears to be complete and immediate. The current of blood is arrested; nor is the obstruction to the circulation thus caused, apparent in any symptom of congestion resulting from it.

"It may be inferred from this circumstance, that the blood returned to the femoral vein through these cutaneous channels is, in reality, much smaller in quantity than the size of these vessels would lead us to infer. It will, however, be recollected, that in proportion to the enlarged size of the veins, and their contorted form, is the quantity of coagulum contained within them, by which the circulation is necessarily obstructed, and they present the reality of venous aneurisms; *i. e.*, of dilated